

10/567876

APPLICATION DATA SHEET**APPLICATION INFORMATION**

**Application Type::** Utility  
**Title Line One::** Metalloproteinase Gene Polymorphism in  
**Title Line Two::** COPD  
**Attorney Docket Number::** 41543-0302-US  
**Request for Early**  
**Publication?::** No  
**Request for**  
**Non-Publication?::** No  
**Suggested Drawing Figure::** 2  
**Total Drawing Sheets::** 3  
**Small Entity?::** Yes  
**Petition Included?::** No  
**Secrecy Order in Parent**  
**Appl.?::** No

**APPLICANT INFORMATION**

**Applicant Authority Type::** Inventor  
**Primary Citizenship**  
**Country::** US  
**Status::** Full Capacity  
**Inventor One Given Name::** Yohannes  
**Family Name::** Tesfaigzi  
**City of Residence::** Albuquerque  
**State or Province of**  
**Residence::** New Mexico  
**Country of Residence::** US  
**Street of Mailing Address::** 901 Wind River Street, S.E.  
**City of Mailing Address::** Albuquerque

**State or Province of**  
**Mailing Address::** New Mexico  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing**  
**Address::** 87123  
**Applicant Authority Type::** Inventor  
**Primary Citizenship**  
**Country::** US  
**Status::** Full Capacity  
**Inventor Two Given Name::** Steven  
**Middle Name::** A.  
**Family Name::** Belinsky  
**City of Residence::** Albuquerque  
**State or Province of**  
**Residence::** New Mexico  
**Country of Residence::** US  
**Street of Mailing Address::** 13604 Crested Butte Drive, N.E.  
**City of Mailing Address::** Albuquerque  
**State or Province of**  
**Mailing Address::** New Mexico  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing**  
**Address::** 87112

#### **CORRESPONDENCE INFORMATION**

##### **Correspondence Customer**

**No.** 005179  
**Phone Number::** (505) 998-1500  
**Fax Number::** (505) 243-2542  
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**REPRESENTATIVE INFORMATION****Representative Customer****Number:: 005179****DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>National Stage of</b>	<b>PCT/US04/26035</b>	<b>08/11/2004</b>
<b>PCT/US04/26035</b>	<b>An application Claiming the Benefit Under 35 USC 119(e)</b>	<b>60/494,631</b>	<b>08/11/2003</b>

**ASSIGNEE INFORMATION****Assignee Name:: Lovelace Respiratory Research Institute****Street of Mailing Address:: 2425 Ridgecrest, S.E.****City of Mailing Address:: Albuquerque****State or Province of Mailing****Address: New Mexico****Country of Mailing Address:: US****Postal or Zip Code of Mailing****Address:: 87108**